

been good, she had never gained in weight, but had distinctly lost. Pain was often complained of in the region of the right kidney, and the feet often swelled, and all of these symptoms were exaggerated during the last pregnancy. The diagnosis was made, from the examination of the foetus and the mother, that syphilis in the right kidney complicated pregnancy and the puerperal period. Iodide of potassium was given freely. The quantity of urine increased, albumin disappeared, kidney epithelium grew less, and the pain in the region of the kidney much diminished. The patient increased in weight, the urine becoming normal. Some time after the patient was first seen, she was again examined and symptoms of syphilitic involvement of the nervous system were present. The patient improved markedly under the treatment, although her general condition was not good.

Twin Pregnancy with Abnormal Attachment of the Ova.—LEO (*Zentrbl. f. Gyn.*, 1909, No. 36) reports the case of a woman in her second pregnancy, aged thirty-one years, who had considerable persistent abdominal pain during the pregnancy. The uterus was anteфлекed, enlarged, and pregnant about the second month. There was considerable distention and tenesmus of the abdomen. Symptoms of abdominal irritation continued, and a diagnosis of ectopic gestation was made. On opening the abdomen, ruptured tubal gestation was found and intra-uterine pregnancy advanced about three months. The patient's recovery was complicated eight days after operation by slight hemorrhage from the uterus, which subsided with rest and very simple remedies.

Peritonitis Following the Escape of Amniotic Liquid into the Abdomen During Cesarean Section.—VERT (*Zentrbl. f. Gyn.*, 1909, No. 32) reports a case of Cesarean section performed upon a patient, who had been for a long time in labor. An effort was made to clamp the peritoneum of the lower uterine segment to the abdominal wall by forceps. The child was removed by version, the clamp became loosened, and amniotic liquid, containing bacteria, gained access to the peritoneal cavity. Peritonitis developed, with the presence of a dark, tenacious exudate in the peritoneum. An effort was made to drain the abdomen by section and the use of a glass tube. The effort was unsuccessful, the patient dying. Autopsy showed degeneration of the heart muscle, with extensive poisoning of the peritoneum with *Bacillus coli communis*.

Two Cases of Cervical Cesarean Section.—KÜSTNER (*Zentrbl. f. Gyn.*, 1909, No. 36) reports two cases in which he performed cervical Cesarean section. The first patient had had three labors, the last ending in embryotomy because of a tumor in the pelvis. During the fourth labor she was repeatedly examined outside the hospital, and as it seemed impossible to deliver her, she was brought into the wards. On examination, a pelvic tumor was found, rendering delivery impossible. An effort to dislodge the tumor failed, and the abdomen was opened in the median line. The uterus was opened outside the peritoneal cavity, the child delivered by version, and the placenta removed. The peritoneal edges were sewn together, but the tissues did not unite well, as a fistula formed between the cervix and the abdominal wall. This

gradually closed, the patient making a good recovery. She was considered infected upon admission, as she had been repeatedly examined by those whose antiseptic precautions were not thorough. In operating upon this patient effort was made to close the peritoneum by the use of clamps, rendering the introduction of the uterine contents into the abdomen impossible. A second operation was made for contracted pelvis, and was an extraperitoneal cervical section. The bladder was moderately filled with 300 c.c. of water, and the uterus opened outside the peritoneal sac. The head of the child was delivered by the use of one blade of a pair of forceps. The child was large, asphyxiated, but readily revived. Incisions were then closed with catgut, and the abdomen closed. Both of these patients made good recoveries. In the discussion, Baumm stated his belief that it is a mistake to use the longitudinal incision if an effort is to be made to avoid opening the peritoneal cavity. In twenty-five such cases he was successful only twice in avoiding opening the peritoneum.

GYNECOLOGY.

UNDER THE CHARGE OF

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Malignant Disease of the Uterus; A Digest of 265 Cases Treated in the New Hospital for Women.—ANDERSON and PLATT (*Jour. Obst. and Gyn. Brit. Emp.*, 1908, iv, 381) report the work done in the New Hospital for Women, in London, from 1895 to 1907. There were 217 cases in which the disease affected the cervix, and 48 in which it affected the fundus. Hysterectomy was done by the abdominal route 90 times, with a mortality of 6, and 38 by the vaginal route, with 3 deaths. The vaginal route was employed principally previous to the year 1901, and the abdominal subsequently. Of the 217 cervix cases, 93 were squamous-celled carcinoma; 24 adenocarcinoma; 93 were unspecified; 2 were sarcoma; and 4 were endothelioma. Of the 48 fundus cases, 37 were adenocarcinoma, 1 was chorionepithelioma, and 10 were sarcoma. Cancer of the cervix was present in 29 of the 38 cases of vaginal hysterectomy, and the disease recurred in 12 in the vaginal scar within a few weeks from the time of operation. In 58 cases of abdominal hysterectomy for the cervical form of malignancy local recurrence occurred in 4 or possibly 5. Anderson and Platt insist that recurrence after the extended abdominal hysterectomy is in the iliac glands, and their removal is, therefore, strongly recommended. Of the 29 cases of cancer of the cervix subjected to vaginal hysterectomy, one patient is known to be well now, seven years after operation. The after-results in 58 abdominal hysterectomies for the same conditions are: 26 women are known to be alive and well, between one and one-half and four years after the operation; 17 developed symptoms of recurrence, 11 in the first year and 6 within